

## OPEN

## Destructive Squamous Cell Carcinoma of the Penis

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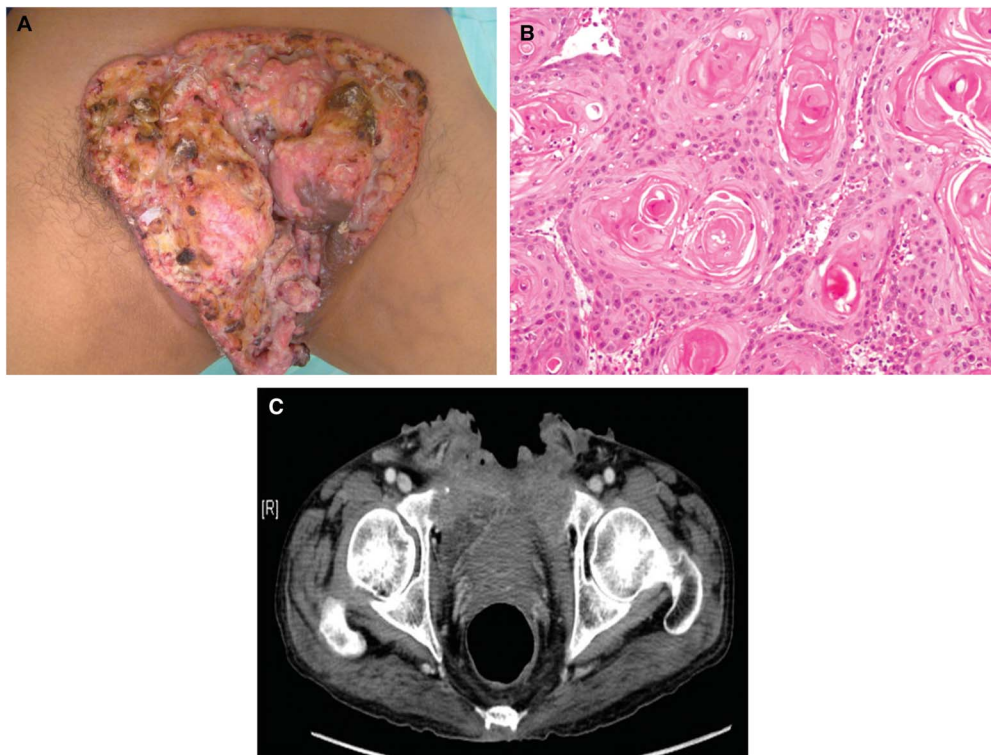


FIGURE 1

A 38-year-old man presented with a 2-year history of a lesion on the penis. The patient referred the initial lesion as a chronic painless ulcer. Eventually there was necrosis of the glans and shaft with a subsequent development of a verrucous mass over the affected area. Physical examination of the genital area revealed a locally destructive ulcer of  $18 \times 12$  cm with exophytic borders and absence of the penis and testicles (Figure 1A). There was no associated regional lymphadenopathy. The patient's serology was positive for hepatitis C virus. Skin biopsy showed a moderately differentiated squamous cell carcinoma (Figure 1B). Contrast computed-tomography revealed complete destruction of the genital area with affection of the symphysis pubis and enlarged retroperitoneal lymph nodes (Figure 1C). The patient was treated with antibiotics for the concomitant infection of the area but denied any medical-oncological treatment and was lost to follow-up.

Penile carcinoma is a rare malignancy with a global incidence of 0.1 to 0.7 cases per 100,000 males. The highest incidence is reported in Uganda and Brazil, whereas the lowest rates are seen in Israeli Jews.<sup>1</sup> Associated risk factors are the

presence of an intact foreskin, phimosis, human papillomavirus, smoking and chronic inflammation.<sup>2</sup> Squamous cell carcinoma is the most frequent of penile neoplasms (95%). It is traditionally divided into 2 forms: endophytic or exophytic. Diagnosis is made with physical and histological examination, whereas staging is assessed by computed tomography or magnetic resonance imaging.<sup>3</sup> The mainstay of treatment is surgical excision if diagnosed at an early stage; and in patients with advanced or metastatic disease, the aim is palliation. Mortality is secondary to sepsis and erosions of large vessels in the groin from local invasion.

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